GOVT.OF MAHARASHTRA

PUBLIC HEALTH DEPARTMENT

OFFICE OF THE CIVIL SURGEON,SINDHUDURG

QUOTATION NOTICE YEAR 2026-27

Civil Surgeon,Sindhudurg is inviting sealed quotation from qualified supplier for purchase of following category item .Interested & qualified supplier go through all annexures and fill up quotation.

1	Quotation call by - (Designation of Purchasing Authority)	District Civil Surgeon, Sindhudurg
2	Address of Purchasing Authority	District Hospital,Sindhudurg Sindhudrgnagari Tal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-297405
4	e mail address	cssindhudurg@gmail.com
5	Working Hours	9.30 am to 5.45 p.m Each Saturday – 9.30 a.m to 2.oo p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/CSSND/DWH/FFP/15694/2026-27 Date- 27/10/2026
7	Quotation Item Category	Exchange of Surplus Plasma Blood Products
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	30/10/2026 before 5.30 a.m Central Medical Store, District Hospital Sindhudurgnagari
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	31/10/2024 at 11.00 a.m Office of the Civil Surgeon, Sindhudurg
11	Validity of Quotation Rate	One year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg

ANNEXURE 1

Technical Information & Terms and conditions

1) Name of Work – Exchange of the surplus fresh frozen plasma for fractionators From Blood Bank & Blood Separation Unit District Hospital Sindhudurg Sindhudurgnagari Tal.Kudal Dist.Sindhudurg
   Type – State Govt.
   Lic No – KD 17
2) Place of FFP Collection – As above place
3) Approximate Exchange Qty per year- 6000 bags x 50-70 ml
4) Eligibility & Technical Qualification for Participation in this Quotation Only plasma fractionators holding valid drugs Manufacturing License for Blood Products in form 26-I or Appropriate form of Drugs and Cosmetic Rules 1945
5) Preference Past experience of above work in Mah.Govt. Hospitals & Medical Colleges
6) Govt. Approved FFP Exchange Value- Rs 1600/- per liters
7) Acceptance of Exchange Value – As per above Govt rate
8) Exchange values included Collection of FFP from this hospital blood bank special through cold chain maintained special Vehicle with insurance and other necessary safety measures of buyer.
9) Exchange Value Letter to be submit in enclosed Annex -II Format.
10) Successful mfg.co to be complete agreement on Rs.500/- Non judicial bond Paper in prescribed format.

CIVIL SURGEON SINDHUDURG

(Dr. S.H.Patil)
Civil Surgeon Sindhudurg

Annexure B

To be prepare on mfg. company letter pad only & put in sealed envelope

On envelope mention name of work Exchange of the surplus fresh frozen plasma for fractionators
Ref- Notice No-

Date-

To,
The Civil Surgeon Sindhudurg
District Hospital,Sindhudurg
Sindhudrgnagari Tal.Kudal Dist.Sindhudurg Maharashtra Konkan
Pin Code 416812

Sub- Submission of Value for surplus fresh frozen plasma

Respected Sir,

As per above subject we are herewith submitting our mfg. company information & value of exchange of the surplus FFP from your Blood Bank & Blood separation Centre.

Name of Mfg.Co	
Full Adress	
Drugs Mfg. License No. and Date of validity	
Licensing issuing Authority name and Adress	
E mail id for communication	
Name of Contact person	
Mobile No	
PAN No	
GST No	
Value for exchange of Fresh Frozen Plasma for 2 years.	Rs.in figure Rs in words-

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Enclosed documents	Drugs mfg. License for Blood Products 2) PAN Card 3) GST Reg. certificate 4) Govt.Blood Bank PO or Agreement

Above submitted information and enclosed documents which is self attested by our company is correct and true.

DECLARATION BY SUPPLIER

I/we herewith declared that, I/We have not quoted rate in this quotation are lower to other Govt or Govt Approved Blood Bank for exchange of surplus plasma I/we have not quoted blacklisted mfg. company in this quotation. I/we or our firm employees are not related with Civil Surgeon, Sindhudurg or their organizational any person.

Yours faithfully

Name and Auth.Sign

Rubber Stamp & seal

CIVIL SURGEON SINDHUDURG